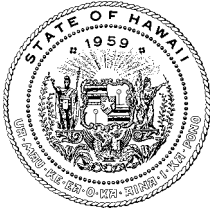

Executive Office on Aging



"E Loa Ke Ola"
May Life Be Long

Hawaii State Plan on Aging (2004-2007) Summary

Active older adults paving the way



Photography Acknowledgements

Cover page: Shimeji Kanazawa (Past Chair, Hawaii White House Conferences on Aging; Past PABEA Chair; Member, PABEA), Harold Kozuma (Member, PABEA), Lydia Furumoto (SageWatch Volunteer), Bruce McCullough, (Past PABEA Chair; Member, PABEA), and Goldie Dumpson (SageWatch Volunteer).

Sage PLUS Program volunteers: George Lum and George Hirokawa.

SageWatch Program volunteers: Tony Garcia, Goldie Dumpson, Mollie Chang, and Charlie Clark.

Long Term Care Ombudsman volunteers: Verna Eddy and Joyce Paea.



*"E Loa Ke Ola"
May Life Be Long*

Scholar artist Hon-Chew Hee styled the Chinese character for longevity to create a Hawaiian petroglyph symbol expressing Mary Kawena Pukui's translation of the Hawaiian words "E Loa Ke Ola – May Life Be Long". The logo shows the family working together to "feed every inch of the mouth." The father of the family is depicted as tilling the land, while the mother is catching fish under water, and their son is spearing animals.

The expression of aging, island style, is a natural and welcome process with deep, joyous meaning to individuals and their families and communities. The logo symbolizes the desire of the people of Hawaii to be blessed with long and fulfilling lives.

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Verification of Intent

The Executive Office on Aging hereby submits the Hawaii State Plan on Aging for the period October 1, 2003 – September 30, 2007. The Executive Office on Aging has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended in 2000, and is primarily responsible for the coordination of all State activities related to the purposes of the Act. The plan charts the direction over the next four years and includes the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and for serving as an effective and visible advocate for the older adults in the State.

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging, Administration on Aging. The plan, as submitted, has been developed in accordance with all Federal statutory and regulatory requirements.

Patricia Sasaki
EXECUTIVE DIRECTOR
EXECUTIVE OFFICE ON AGING
STATE OF HAWAII

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

Linda Lingle
GOVERNOR
STATE OF HAWAII



Message from the Director of Health

I am very pleased with the legal attachment of the Executive Office on Aging to the Department of Health by the 2003 Legislature. This act exemplifies our State's commitment to addressing the existing and emerging issues of Hawaii's older adults.

The Department of Health's vision is healthy people, healthy communities, and healthy islands. The *Hawaii State Plan on Aging* and its program initiatives are a means towards that end. We look forward to working closely with the office and its partners in developing comprehensive and coordinated systems of services for older adults and their caregivers to enable them to live long and healthy lives.

Aloha Nui Loa,

A handwritten signature in dark ink, reading "Chiyome Leina`ala Fukino, M.D.". The signature is fluid and cursive, with the first name "Chiyome" being the most prominent.

Chiyome Leina`ala Fukino, M.D.
DIRECTOR OF HEALTH



Message from the Chair, PABEA

It is with great pleasure that I acknowledge the members of the Policy Advisory Board for Elder Affairs (PABEA) for their commitment, dedication, and time in moving the aging agenda forward. Members, who serve in a voluntary capacity, have worked hard over the years in three standing committees: Legislative, Plans and Project Review, and Awards and Recognition. Their broad-based collective experience and expertise have played a significant role in legislative action, program and project planning, and the development of the Hawaii State Plan on Aging. I thank all of PABEA for their civic contributions in improving the lives of Hawaii's older adults and their families.

The Hawaii State Plan on Aging is a blueprint for action over the next four years. With PABEA, the Aging Network, public and private sectors, and the community working together to implement the state plan, we move closer to assuring the well-being of Hawaii's aging society.

A handwritten signature in black ink, appearing to read "Wayne Hikida". The signature is fluid and cursive.

Wayne Hikida
CHAIR, PABEA



Message from the Executive Director

The Executive Office on Aging is pleased to present the State Plan on Aging for the years 2004 through 2007. The goals and objectives contained in this Plan reflect the changing profile of Hawaii's older citizens and the communities in which they live. There do remain, however, some constant needs such as information to make informed decisions, the tools and the means to access aging programs and services across language barriers and geographic distances, and ongoing expansion of in-home and community-based services.

The Older Americans Act acknowledges needs that have not changed since the federal program began almost forty years ago. The 2000 amendments to the Older Americans Act also direct the States to strengthen the capacity of family and community caregivers. Hawaii is fortunate to continue to receive this major source of funding help, as local resources have changed and diminished since the last State Plan on Aging was approved.

The Hawaii State Plan on Aging represents program and service decisions that are based on the best information available about Hawaii's adults 60 years and older and about the unique communities they reside in. The State Plan captures information from Hawaii's citizens through public hearings and surveys, reviews by State and County advisory committees, and lengthy discussions among staff of the Executive Office on Aging and Hawaii's Area Agencies on Aging. The Plan is not only a statement of need for federal assistance; it is a living portrait of the issues and resources most critical to older adults in the State of Hawaii.

A handwritten signature in black ink, which appears to read "Patricia Sasaki". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Patricia Sasaki
EXECUTIVE DIRECTOR

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Executive Summary

The *Hawaii State Plan on Aging (2004-2007)* is a planning and compliance document submitted by the Executive Office on Aging (EOA) to the U.S. Administration on Aging, Department of Health and Human Services. The plan describes the strategies that will be taken over the four years to develop comprehensive and coordinated systems of services for older adults and their caregivers. It is based upon initiatives of the EOA and the area plans of the four Area Agencies on Aging (AAA) in the State.

Hawaii's older adult population continues to grow in numbers and proportion. Between 1970 and 2000, the number of elders increased by 207 percent while the total population increased by 57 percent. Today, the older adult population represents 17 percent of the total population, by the year 2020, older adults will represent 25 percent of the population. Hawaii's older adults represent a rapidly growing segment of the total population. The growth in numbers and proportion has implications for individuals, families, and the larger community. This also has a significant impact upon the existing systems of services for older adults and their caregivers.

EOA and AAA listened to the voices of individuals and communities and collectively agreed to pursue five broad goals:

- Older adults make informed decisions through accurate information.
- Older adults are able to live independently in their homes for as long as possible.
- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.
- Older adults and family members are informed of elder rights and benefits.
- Public and private sectors and the community work together to address existing and emerging issues.

The issues and concerns of Hawaii's aging society continue to grow. EOA and AAA acknowledge they cannot address all of these issues alone. Only through partnerships and collaboration with the public and private sector and broader community will these issues be addressed. EOA and AAA see opportunities to work together to systematically address existing and emerging issues.

Introduction

EOA submitted to the U.S. Assistant Secretary on Aging the *Hawaii State Plan on Aging (2004-2007)*. The plan responds to the requirements of the Older Americans Act (OAA), as amended. The purpose of the plan is to describe the strategies that will be taken over the next few years in developing comprehensive and coordinated systems of services for older adults. This report provides a summary of the plan. This abstracted version reviews the planning processes undertaken to develop the plan; summarizes Hawaii's aging population; describes the strategies for action; and reviews the intrastate funding formula for the distribution of funds to AAA.

The fully developed plan is made up of five major parts. Part 1 (Planning Process) provides a review of the planning process taken to develop the plan. Part 2 (Hawaii's Aging Population) describes Hawaii's older adults population and their issues and concerns. Part 3 (Hawaii's Aging Network) summarizes the Aging Network in Hawaii. Part 4 (Strategies

for Action) presents the approaches that will be taken over the next few years to address major issues of an aging society. Part 5 (Expenditure Plan) provides a resource allocation plan and the State's intrastate funding formula for the distribution of funds. Individuals interested in reviewing the fully developed plan may do so by contacting the Executive Office on Aging (808) 586-0100 or by accessing EOA's website www2.state.hi.us/ea/.

Planning Process

In order to be eligible for grants from allotments from Title III and VII of the OAA, as amended, EOA is required to submit to the U.S. Assistant Secretary for Aging a State plan that meets the criteria as regulations prescribe. EOA must comply with the provisions of the OAA and require each AAA to develop and submit to the State agency for approval, in accordance with a uniform format developed by EOA, an area plan meeting the requirements of Section 306 of the OAA.

EOA initiated the planning process in November 2001, by bringing together representatives from the AAA. This

meeting began a series of *Planners Meetings* to prepare and develop the area and state plans. The meetings were dedicated to information sharing and co-learning. EOA provided background information on the requirements of the OAA, as amended, and reviewed the uniform area plan guidelines and format. EOA also provided information on needs assessment and made available Census 2000 data to planners.

Beginning in May 2002, EOA facilitated discussions with AAA planners to review the major issues of Hawaii's aging society and to collectively set the course of action for the next four years. Five major issues were identified:

- Information to make informed decisions
- Programs and services to enable older adults to live at home
- Services for caregivers to continue providing care
- Information on elder rights and benefits
- Address existing and emerging issues.

The EOA and AAA agreed to pursue five goals relating to the issues:

- Older adults make informed decisions through accurate information.
- Older adults are able to live independently in their homes for as long as possible.
- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.
- Older adults and family members are informed of elder rights and benefits.
- Public and private sectors and the community work together to address existing and emerging issues.

Local Grassroots Planning: Once the planning framework was established, the AAA proceeded to develop their local area plans. Although the AAA applied varying grassroots planning strategies, each plan was developed to incorporate the communities' voices, values, and cultures. All AAA made assurances that preferences for service provision would be given to older

individuals with greatest economic need, greatest social need, with particular attention to low income minorities, and older adults residing in rural areas. Each AAA held public hearings to enable the public to share their perspectives on the proposed plan. The proposed plans were then submitted to the respective Mayor's Office for review and approval.

Governor's Office for review, approval, and submission.

State Planning: EOA and the Plans and Project Review Committee (PPRC) of the Policy Advisory Board of Elder Affairs (PABEA) reviewed and commented on all of the local area plans. The area plans served as the basis for the development of the State plan. With advice from the PPRC and PABEA, EOA developed the proposed State plan and sought public comments by conducting six public meetings across the state. The public was invited to submit testimonies in writing or by participating in one of the six public meetings. (Public meetings were held in Hilo, Kona, Lihue, Kahului, Waipahu and Honolulu). The PPRC and PABEA reviewed the public testimonies and advised EOA on the development of the final plan. The plan was later submitted to the

Hawaii's Aging Population

Continuous increase in numbers and proportion

Hawaii's older adult population (individuals 60 years of age and older) continues to grow in number and proportion. In 1970, there were 67,490 older adults, representing nine percent of the total population. By 2000, 207,001 individuals were older adults, representing 17 percent of the total population.

Age	1970	1980	1990	2000
(population in 1000s)				
60-64 years	23.4	37.8	48.7	46.4
65-74	29.5	49.4	78.7	85.3
75-84	11.6	21.2	36.0	57.8
85+	3.0	5.6	10.4	17.6
Total 60+	67.5	114.0	173.8	207
Total 75+	14.6	26.8	46.4	75.3
% of 60+	22%	24%	27%	36%
Total 85+	3.0	5.6	10.4	17.6
% of 60+	4%	5%	6%	8%
Total Population (TP)	769.9	964.7	1108.2	1211.5
60+ as % of TP	9%	12%	16%	17%

Source: U.S. Census Bureau

Between 1970 and 2000, the number of older adults increased by 207 percent while the total population increased by 57 percent. Hawaii's older adults represent a rapidly growing segment of the total population.

Especially the "oldest"

Hawaii's older adults are living longer. In 1970, the 75 years and older population represented 22 percent of older adults. By 2000, this cohort represented 36 percent of older adults. Over the three-decade period, the 75+ population increased by 415 percent.

The growth in numbers of persons 85 years and older is even more dramatic. In 1970, those 85 years and older represented only four percent of older adults. By 2000, this cohort had doubled their representation among older adults by increasing to eight percent of older adults. The 85+ population increased by 482 percent over three decades.

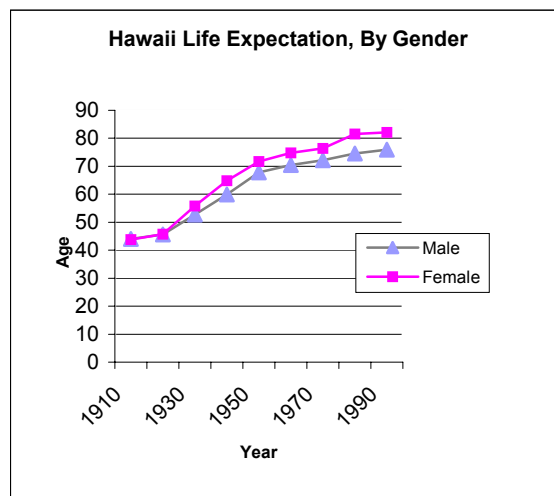
Expect more dramatic increases with the aging "boomers"

The number and proportion of older adults will continue to increase well into the millennium. In the year 2011, the first of the baby boomers (those born between 1946-1964) will reach 65 years of age. With the aging of the baby boomer population, projections indicate that by the year 2020, one in four individuals will be age 60 and over. Of these older adults, 32 percent will be age 75 and older and 11 percent will be age 85 and older.

Between 2000 and 2020, the older adult population increase is projected to be over four times that of the total population increase. It is expected that the population 60 and over will increase by 73 percent, while the total population will increase by 17 percent. The population 85 and over is expected to increase by 116 percent.

Increase in life expectancy

Life expectancy has increased over time. The life expectancy for Hawaii residents is higher than the rest of the nation. In 1990, life expectancy for Hawaii was 79 years compared to the U.S. as a whole at 75 years.



Source: DBEDT State of Hawaii Databook, 1998.

Longevity varies

Women tend to outlive men. In 1990, life expectancy in Hawaii women was 82 years and for men 75 years. In addition, life expectancy varies among ethnic groups. Using

Hawaii 1990 life expectancies, Chinese and Japanese live the longest (83 and 82 years respectively). Hawaiians and Part-Hawaiians have the lowest life expectancy at 74 years.

Women outnumber men

In 1980, there were more men than women age 60 and over. Over the subsequent years, the numbers shifted and now women outnumber men. The differences become pronounced with advancing age.

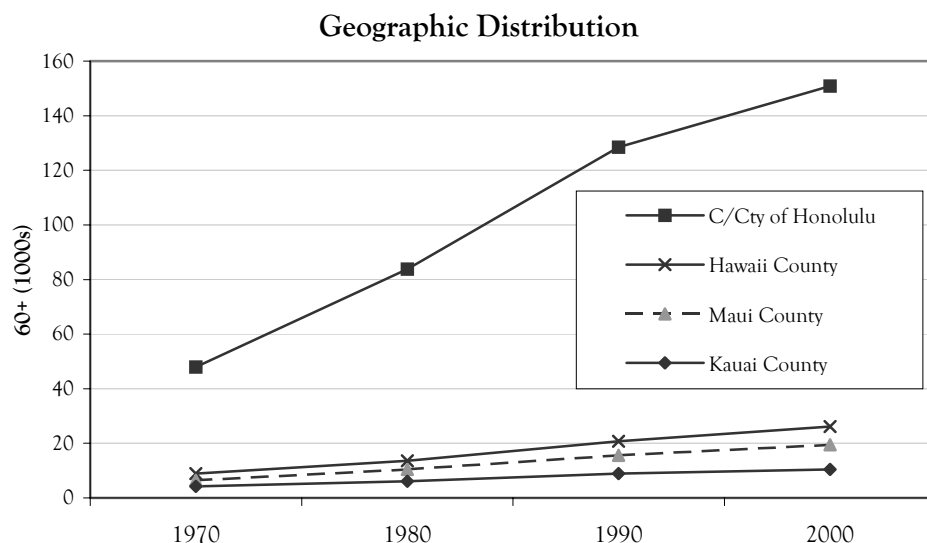
Age	1980		1990		2000	
	Male	Female	Male	Female	Male	Female
60-64 years	18,871	18,923	22,651	26,077	22,293	24,107
65-69	15,384	13,769	21,848	23,736	19,503	23,344
70-74	10,991	9,231	15,696	17,373	18,919	23,496
75-79	6,796	6,877	11,255	11,439	16,020	19,366
80-84	3,177	4,364	6,599	6,662	9,626	12,763
85+	2,011	3,550	3,977	6,420	7,270	10,294
60+	57,230	56,714	82,026	91,707	93,631	113,370
%	50.2%	49.8%	47.2%	52.8%	45.2%	54.8%
65+	38,359	37,791	59,375	65,630	71,338	89,263
%	50.4%	49.6%	47.5%	52.5%	44.4%	55.6%
85+	2,011	3,550	3,977	6,420	7,270	10,294
%	36.2%	63.8%	38.3%	61.8%	41.4%	58.6%

Source: U.S. Census Bureau

Geographic differences

Mirroring the total population, the majority (73%) of older adults reside in the City and County of Honolulu. In 2000, five percent resided in Kauai

Kauai County, the older adult population increased by 18 percent while the total population increased by 14 percent. Hawaii County saw a 26 percent increase in older adults, while the total population increased



Source: U.S. Census Bureau

County, nine percent in Maui County, and 13 percent in Hawaii County.

Between 1990 and 2000, the older adult population in the City and County of Honolulu increased by 17 percent while the total population increased by five percent. In

by 24 percent. Maui County saw a 25 percent increase in older adults and a 28 percent increase in total population.

Rural

In 1997, the U.S. Administration on Aging introduced a standard definition of rural for purposes of state program reporting. A rural area was defined as any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place (CDP) with 20,000 or more inhabitants.



Older Adults Residing in Rural Areas

PSA	60+	Urbanized Areas	CDPs w/ 20,000+ population	Urban Total	Rural
Kauai	10,468				10,468
Honolulu	150,910	145,288		145,288	5,622
Maui	19,501		4,228	4,228	15,273
Hawaii	26,122		8,524	8,524	17,598
State	207,001	145,288	12,752	158,040	48,961

Source: U.S. Census Bureau, Census 2000.



Are racially diverse

60+		PSA				
		State	Hawaii	Honolulu	Kauai	Maui
One race	White (non-Hispanic)	22.7%	35.2%	18.8%	28.5%	33.3%
	White (Hispanic)	0.9%	1.4%	0.7%	1.4%	1.1%
	NHPI*	5.6%	6.5%	5.2%	5.5%	7.2%
	Chinese	7.7%	1.6%	10.1%	1.3%	1.5%
	Filipino	14.8%	10.7%	14.4%	23.1%	19.1%
	Japanese	34.4%	31.0%	36.4%	30.1%	26.0%
	Other	5.3%	2.8%	6.2%	2.6%	2.6%
Two or more races		8.6%	10.8%	8.2%	7.5%	9.2%

* NHPI = Native Hawaiian and Pacific Islanders

Source: U.S. Census Bureau, Census 2000.

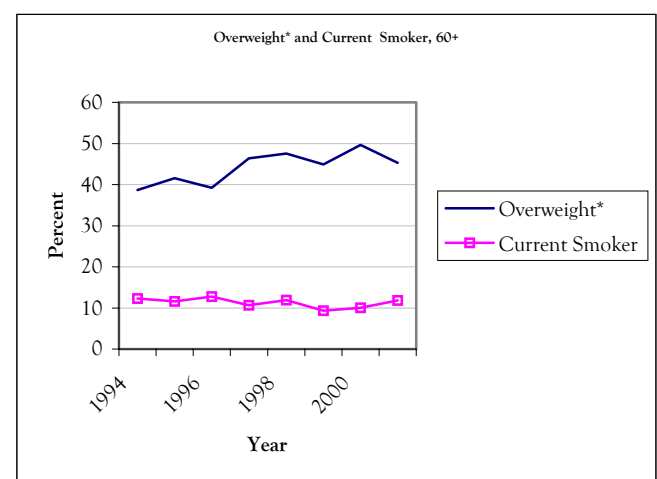
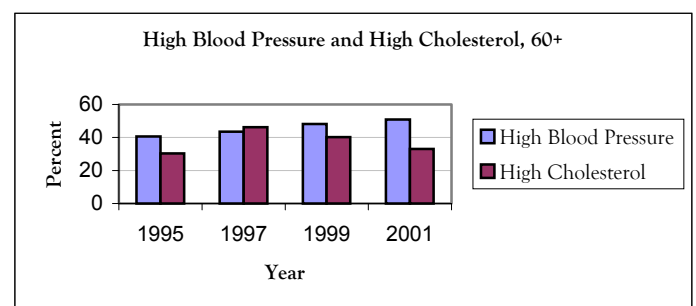
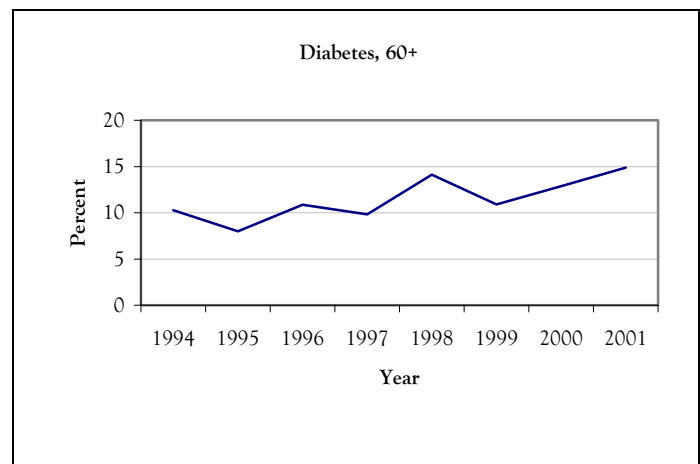
According to Census 2000 data, ethnic minority groups (those who are not White/non-Hispanic) comprise 77 percent of Hawaii's older adults. The older adult Asian population represents the largest minority group (61 percent). Of the Asian population, 34 percent are Japanese, 15 percent Filipino, and eight percent Chinese. Whites were 24 percent of all older adults. Hawaiians and Pacific Islanders were 6 percent, American Indian/Alaska Natives were 0.1 percent, and Black/African Americans were 0.4 percent. Nine percent were persons who were two or more races.

Vary in health status

Leading Causes of Death: The leading causes of death among older adults in Hawaii are heart disease, malignant neoplasms (cancers), cerebrovascular disease, and chronic lower respiratory disease.

Risk factors for cardiovascular diseases include diabetes, high blood pressure, high cholesterol, physical inactivity, obesity, and tobacco usage. Reports from the Hawaii Department of Health's (DOH) Behavioral Risk Factor Surveillance System (BRFSS), show that diabetes is on the rise among persons 60 years and older. Diabetes raises an individual's risk for stroke or heart attack.

The BRFSS data also indicate that a growing percentage of older adults face high blood pressure. Over 30 percent have high cholesterol. Seventy percent are sedentary or engage in no leisure time physical activity. More than 10 percent smoke. Over 40 percent are overweight (overweight or obese).



*includes those that are overweight or obese

Source: Hawaii Department of Health, Community Health Division, Behavioral Risk Factor Surveillance System.

Deaths related to influenza and pneumonia can be prevented through vaccination. In Hawaii, the percent of older adults who have not had a flu shot within the last 12 months continues to decline. The percent of 60+ adults who report they never had a pneumonia shot continues to decline. Although the immunization rates (for flu and pneumonia) continue to rise, Hawaii has not reached the Healthy People 2010 goal of immunizing 90 percent of individuals 65 years and older.

Disability: According to the 2000 Census, 38 percent of the population 60 years and older had one or more disability (having one or more of the following: sensory, physical, mental, self-care, go-outside-the-home alone, or employment). There were 79,668 older adults who were disabled.

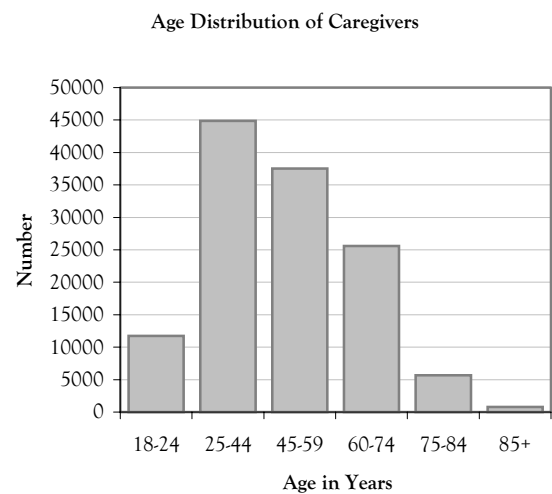
Living Alone: Over 70 percent of older adults live in family households. Sixteen percent of older adults in Hawaii live alone.

Are being cared for by loved ones – our caregivers

In recent years, significant attention has been given to the issue of the informal caregivers, yet, its true nature and extent is unknown. Preliminary studies have been conducted. According to the Alzheimer's Association's Study on Estimated Value of Informal Caregiving, Number of Informal Caregivers and Caregiving Hours by State, there were 114,872 informal caregivers in Hawaii in 1997. This translated to 106.9 million caregiving hours and was estimated to be equivalent to \$874.6 million (value of caregiving).

The Hawaii Department of Health found through its *Hawaii Behavioral Risk Factor Surveillance System (BRFSS)* 2000 annual survey that an estimated 126,598 adults are caregivers (people providing regular care or assistance to a family member or friend who is an older adult or has a long term illness or disability). Nearly 14 percent of all adults are caregivers. This figure was consistent across counties.

Over 25 percent of the caregivers are 60 years of age or older themselves, and five percent are 75 years or older. Nearly 60 percent of caregivers are female.



Source: Hawaii Department of Health,
Hawaii Behavioral Risk Factor Surveillance System.

Have language barrier

An estimated 11% of older adults have language barriers with 20,604 older adults being non-English speaking (who speak English “not well” or “not at all”).

Differ economically

Greatest economic need: In 1999, 15,063 persons 60 years of age and older were in poverty (seven percent of the elderly population). There were 11,683 individuals 65+ who were in poverty and an estimated 3,380 persons between the ages of 60-64 years in poverty. Census 2000 poverty thresholds are based on U.S. poverty thresholds. Hawaii's thresholds are 15 percent higher, thus, these statistics understate poverty. There were estimated to be 11,862 individuals 60 years of age and over who were low income minorities (six percent of the elderly population).

Issues and Areas of Concern

EOA and AAA conducted over a period of time a variety of data collection activities to understand the nature and extent of older adult and family caregiver needs and areas of concern. Activities included secondary data analysis, literature reviews, service utilization analysis, community surveys, and community planning processes and dialogs.

EOA and AAA identified five major issue areas:

Information To Make Informed Decisions:

Older adults express a need for easy access to information regarding aging programs and services. They do not have sufficient information or knowledge about aging issues, resources, programs and services. The lack of or limited information hinders their abilities to make informed decisions. EOA and AAA recognize the importance of consumer awareness and education and believe that, with accurate information, older adults and their caregivers will be empowered to make informed decisions.

Programs and Services to Live At Home:

With increasing age and frailty, older adults with varying health and social conditions

need supportive programs and services to live at home for as long as possible. These individuals may need assistance in eating, bathing, dressing, transferring from bed to chair, toileting, taking medications, managing money, doing housework, or transportation. Older adults need supportive services to enable them to remain in their homes and communities for as long as possible and avoid institutionalization.

Services for Caregivers to Continue Providing Care:

In Hawaii, there is a strong sense of ohana (family) and to care for older family members in their own homes. The DOH's *Hawaii Behavioral Risk Factor Surveillance System*, 2000 found that over 126,000 individuals (14 percent of the adult population) provide regular care or assistance to a family member or friend who is an older adult or has a long term illness or disability. These family caregivers play a pivotal role in the provision of long term care services and in enabling elders to remain at home for as long as possible. Family caregivers are recognized as vital partners in the home and community based system.

Yet, Hawaii does not have an adequate supply of family caregiver support services in place to sustain these caregivers.

Caregivers need supportive services and programs to help them meet the daily demands of caregiving, to prevent burnout, and to continue caring for their loved ones. They need: information, education and training about caregiving; access to services; advice, counseling, mediation and support groups; respite care as temporary relief from caregiving responsibilities; and other supplemental services.

Information on Elder Rights and Benefits:

There are many older adults who are denied their basic rights and benefits and are victims of fraud, abuse, neglect or exploitation. Many of these individuals are frail and vulnerable and often depend on others to assist them in meeting their daily needs. They need a voice to ensure them of their basic rights and benefits, including end of life wishes; address their complaints regarding care received in nursing homes, assisted living facilities, and adult residential care homes; and obtain legal assistance in addressing consumer protection, protective services, guardianship, and other disputes. There is a need to protect and enhance the basic rights and benefits of vulnerable older

adults. Older adults require information and assistance and education regarding their options, rights and benefits.

Partnerships to Address Existing and Emerging Issues:

Hawaii's aging society poses many challenges and opportunities. The Aging Network acknowledges it cannot address all of these issues alone. EOA and AAA believe that through partnerships and collaboration with the public and private sector and community these issues will be addressed. EOA and AAA recognize the power of these partnerships and its impact on individual and community life. EOA and AAA see opportunities to work hand-in-hand with its partners to systematically address the many complex issues of our aging society.

Strategies for Action

The strategies for the next four years subscribe to the general framework for program and service delivery for older adults drawn from the OAA, as amended, and from the Hawaii Revised Statutes, Chapter 349.

Goals for 2004-2007:

Older adults make informed decisions through accurate information.

Older adults are able to live independently in their homes for as long as possible.

Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

Older adults and family members are informed of elder rights and benefits.

Public and private sectors and the community work together to address existing and emerging issues.

Goal: Older adults make informed decisions through accurate information.

Outcome: Older adults report that the information received helped them to make informed decisions.

Information and Assistance (I&A)

I&A is a major function of the area and state agencies. EOA and the AAA recognize the importance of having a universally and easily accessible integrated information system that enables older adults to make informed decisions.

Objectives: EOA and AAA will work together to enhance its information system to be responsive to the changing information needs of older adults and caregivers.

On an annual basis, 65 percent of older adults surveyed report I&A information they received helped them to make informed decisions.

Goal: Older adults are able to live independently in their homes for as long as possible.

Outcome: Older adults report that supportive services enabled them to live independently in their homes for as long as possible.

Kupuna Care (KC)

KC is a state funded long-term care program created to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. The program provides in-home and community-based services including adult day care, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care. KC targets those who have difficulty performing two or more functions of daily living or instrumental activities of daily living.

Objectives: On an annual basis, 80 percent of home and community based (KC) clients surveyed will agree that their needs are being met.

On an annual basis, 50 percent of home and community based (KC) clients will remain at home at least three months.

Title III-B Supportive Services

Title III-B of the OAA provides for supportive services which include access, in-home and community based services. Priority is given to older individuals who are in greatest economic need, greatest social need, or are low income minority. Refer to the complete version of the Hawaii State Plan on Aging Appendix B (AAA Objectives) for a list of objectives by counties.

Title III-C Congregate and Home-Delivered Meals

Title III-C of the OAA authorizes nutrition services for persons age 60 and over, their spouses and persons with disabilities under the age of 60 under certain conditions. Meals are provided in a congregate setting or at the place of residence if the individual is homebound.

Objective: Annually, EOA and the AAA will work together to assess the nutrition program (congregate and home-delivered) for seniors.

Bi-annually, EOA and the AAA will engage in capacity building activities relating to the nutrition program.

By September 2007, EOA and AAA will work together to have viable outcome objectives for the nutrition program for seniors.

Goal: Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

Outcome: Caregivers report that supportive services and programs helped them to meet daily demands.

Caregivers report that caregiver supportive services and programs helped them to continue giving care.

National Family Caregiver Support Program (NFCSP)

OAA, as amended in 2000, created the NFCSP. The program is intended to offer multifaceted systems of support services for family caregivers, and for grandparents or older individuals who are relative caregivers. Services include information, assistance, individual counseling, support groups and caregiver training, respite care, and supplemental services.

Objectives: By September 2007, EOA and AAA will have a plan to integrate the NFCSP into the existing long term care services

infrastructure, including the system funded under the auspices of the OAA.

Specific AAA objectives are shown in Appendix B of the complete version of the plan. The AAA across the state have agreed to meet the following objectives:

By 2005, at least 50 percent of caregivers will express that caregiver services increased the amount of time for them to tend to their own daily activities.

By 2005, at least 50 percent of caregivers report that supportive services and programs helped them to continue giving care.

Goal: Older adults and family members are informed of elders rights and benefits.

Outcome: Older adults and their family members have access to information, assistance, and education regarding elder rights and benefits.

Older adults report that information regarding elder rights and benefits helped them to make informed decisions.

Legal Assistance

Legal assistance service is targeted to older adults in greatest economic need, social need, and low-income minorities. Hawaii's Legal Service Developer assures that older adults have access to legal advice, counsel, and provide technical support to the attorney programs through the organization of activities involving elder rights.

Objectives: By 2007, at least 85 percent of the older adults who requested information about legal advice, counseling, and representation were linked to legal resources.

Preventing Elder Abuse and Neglect

Abuse of elders is a growing concern due to the fact that it is often an unreported crime. Elder abuse is defined as the mistreatment of older persons through physical, sexual or psychological violence, neglect, financial exploitation, or fraud.

Educating the public about cognitive disability and undue influence and how these and other factors play a role in vulnerability of older persons, may promote greater vigilance on the part of the community, and help to deter or prevent abuse in domestic settings.

Project REACH

Initiated in 2001, the project seeks to work with other older adults before they become the victims of abuse and neglect and serve those who may be victims, take action and prevent recurrence. Needy elders and their families are given support, training and counseling.

Objectives: By September 2004, develop a multi-year plan for

developing and implementing ongoing, collaborative and creative community awareness opportunities.

By September 2005, network with State and local programs and services described in the OAA, Chapter 3 section 721(d) to identify gaps in the system and improve responses to elder abuse and neglect, and to develop plans/strategies and a timeframe to closing gaps in the response system.

By December 2006, provide sentinel training sessions to aging services professionals, criminal justice and law enforcement officers, and volunteers serving older adults.

By January 2007, evaluate implemented plans for community awareness and for strategies to close gaps in the response system; and develop new goals and objectives to enhance the comprehensive and coordinated response system against elder abuse and neglect.

Sage PLUS Program

The Sage PLUS Program is a federally funded, state-sponsored program that is designed to give unbiased health insurance information counseling and assistance to

people with Medicare and Medicaid at no cost to the individual.



George Lum and George Hirokawa, Sage PLUS volunteers.

Trained Sage PLUS volunteer counselors offer information over the telephone via the Sage PLUS hotline (1-888-875-9229), a toll free number, through person-to-person contact. The goal of the program is to have older adults, family members, caregivers, and pre-retirees, become better health care consumers by receiving information about their rights and benefits to supplemental

health insurance and the Medicare/Medicaid systems.

Outcome:

Short term: Through community partners, coalitions and the Sage PLUS program and their collaborative efforts, older adults, family members, caregivers and pre-retirees will have access to information regarding health insurance.

Long term: Older adults, family members, caregivers and pre-retirees who request information will report that the information given assisted them in making an informed decision regarding their health care insurance issues.

Objectives: By June 2004, 80% of the people attending Sage PLUS presentations will complete an evaluation and state that they have increased knowledge regarding the subject of the presentation.

Through individual counseling and calls to the Sage PLUS hotline at least 90% of the requests for information regarding health insurance will have their questions/concerns addressed and will state that the information given assisted them in making an informed decision.

SageWatch Program

SageWatch is a volunteer-based program, funded by the federal government, to combat health care fraud by means of a community-wide education strategy. Its purposes are



Tony Garcia, Goldie Dumpson, Mollie Chang, and Charlie Clark are SageWatch Volunteers.

to inform and educate Medicare beneficiaries to detect and/or prevent cases of abuse, fraud, and waste in the Medicare and Medicaid systems, and reduce the amount of monies lost to fraud and abuse. SageWatch engages communities/consumer groups, providers, Medicare contractors, and government agencies to work together. The program goal is: Older adults, family members, caregivers,

and pre-retirees, become better health care consumers by receiving information about preventing fraud, waste, and abuse in the Medicare/Medicaid systems.

Outcome: Older adults, family members, caregivers, and pre-retirees, report possible cases of Medicare/Medicaid fraud, waste, and abuse.

Objectives: By June 2004, at least 80% of persons attending SageWatch presentations will complete an evaluation and show a knowledge gain as a result of the presentation.

100% of calls received by the SageWatch program will be responded to and referred to the appropriate program or agency for follow-up.

Long Term Care Ombudsman (LTCO)

LTCO counsels, advocates and responds to complaints and problems on behalf of residents of nursing homes, adult residential care homes, and other licensed long term care (LTC) facilities. The LTCO works with various organizations and residents to improve the quality of a LTC resident's life by providing information, referrals, and

consultation to families, service providers, and the general public; with licensing, certification, and other enforcement agencies to improve quality of care in the LTC facilities; and protects the rights of residents in LTC facilities.

Objectives: On an annual basis, the LTCO will respond to complaints related to long term care facility residents within 72 hours.

On an annual basis, 80 percent of participants attending the public/community LTCO educational sessions will indicate an increased understanding of Resident's Rights in Long Term Care. On an annual basis, 80 percent of participants attending Nursing Home Family Councils' educational sessions will indicate an increased understanding of Resident's Rights in Long Term Care.

Long Term Care Ombudsman Volunteer Program (LTCOV)

The purpose of the LTCOV is to assist the Office of the LTCO in meeting the requirements stated in the OAA, as amended. Trained and certified volunteers



Verna Eddy and Joyce Paea are certified LTCO volunteers.

in the Hawaii LTCO Program are designated as representatives under Sec. 712 (a)(5)(C) and “shall have demonstrated capability to carry out the responsibilities of the Office”.

Outcomes:

Short term: Residents in licensed long term care settings and/or their representatives will have access to services provided by the State Long Term Care Ombudsman Office through visits with certified volunteers.

Long term: Residents and/or their representatives from all counties of Hawaii who live in licensed long term care settings will report that they had access to services provided by representatives (Certified Volunteers) of the State Long Term Care Office.

Objectives: On an annual basis the volunteer program will provide a total of six training sessions to certify volunteers to visit residents in licensed long term care settings.

On an annual basis certified volunteers provide face/face visits to 80% of the residents in licensed long term care settings.

By June 2004, the LTCOV will collaborate with all county AAAs for the purpose of establishing efforts to reach residents and or their representatives in licensed long term care settings in those counties.

Goal: Public and private sectors and the community work together to address existing and emerging issues.

Outcome: Public and private sectors and the community work together and are able to organize, assess, plan and implement strategies to address issues.

Partners report that the partnership/collaboration was successful in addressing the issue.

Long and Healthful Life

EOA, the four AAA, the Department of Health, and private and public sector organizations are joining forces to conduct a community health initiative to address health disparities among Hawaii's older adults. This initiative is aimed at improving health and focuses on minority older adults with particular emphasis on Native Hawaiians and older individuals residing in rural areas. It will incorporate multimodal approach including a broad-based community process for sustained implementation.

Objective: By September 2007, EOA, AAA, the Hawaii Department of Health and public

and private sectors will work together to systematically design, conduct, and evaluate a community health initiative to address distinct health disparities among older adults.

Intrastate Funding Allocation Formula

EOA is the designated State agency responsible for developing an intrastate funding formula (IFF) to distribute OAA Title III funds. Goals of the IFF are to:

1. Distribute funds in a fair and equitable manner.
2. Take into account: a) the geographical distribution of older individuals in the State; and b) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority.
3. Use the best available data, data that is available, dependable, and comparable statewide and updated periodically.
4. Assure timely responses to the dynamic changes in population characteristics occurring among planning and service areas, while ensuring no disruption in services to the older persons in need.
5. Develop a flexible mechanism to distribute Title III funds in the event of decrease in the amount of funds received by the State.

**Intrastate Funding Formula For Title III Funds:
Factors and Weights**

Section	Section 1	Section 2	Section 3
OAA Parts	Part B Part C-1 Part C-2	Part D	Part E
Base Grants Part B funds Part C-1 funds Part C-2 funds	\$128,758 \$75,600 \$12,375		
Factors Used	Weight	Weight	Weight
60+ Population Residing in PSA*	.25		.25
60+ With Greatest Economic Need	.30	.40	.30
60+ With Greatest Social Need	.20	.40	.20
Physical and mental disabilities	.40	.40	.40
Cultural Isolation (Hawaiian/Part-Hawaiian American Indians & Native Alaskans)	.15	.15	.15
Language barrier (Non-English-Speaking)	.15	.15	.15
Geographical isolation (Rural)	.30	.30	.30
60+ Low Income Minority	.20	.20	.20
Inverse Population Density Ranking Population Square Miles Density	.05		.05

*PSA = Planning and service area.

Title III Funds: Part B = Supportive Services and Senior Centers; Part C (Nutrition Services: C-1 Congregate and C-2 Home-Delivered); Part D (Disease Prevention and Health Promotion Services; and Part E (National Family Caregiver Support Program).



*"E Loo Ke Ola"
May Life Be Long*

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